

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41708

1. Entity Name

FLORIDA INFECTIOUS DISEASE SOCIETY, INC.

Principal Place of Business

1424 EDGEWOOD CIRCLE
JACKSONVILLE FL 32205-7743

Mailing Address

1424 EDGEWOOD CIRCLE
JACKSONVILLE FL 32205-7743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3046783

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDELDE, ALEXANDER G M.D.
1424 EDGEWOOD CIRCLE
JACKSONVILLE FL 32205-7743

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME VANDELDE, ALEXANDER G MD
STREET ADDRESS 1424 EDGEWOOD CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32205-7743



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE STD
NAME TONEY, JOHN F M.D.
STREET ADDRESS 8807 HEATHER GLEN COURT
CITY-ST-ZIP TAMPA FL 33647



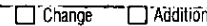
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE VT
NAME LE FROCK, JACK L MD
STREET ADDRESS 647 WATERSIDE WAY
CITY-ST-ZIP SARASOTA FL 34242



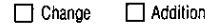
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE PPT
NAME DUMA, RICHARD J MD, PHD
STREET ADDRESS 407 LONG COVE ROAD
CITY-ST-ZIP ORMOND BEACH FL 32174



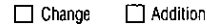
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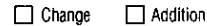
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALEXANDER G. VANDELDE

4 Jan 2001

904/387-6038
or 382-9790

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91243 014 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)